



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>30 Meagher</b>			<b>0569 White Sulphur Spgs Elem</b>		<b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
8	1334	No	Hereim, Michele	6.00	_____
8	1335	No	Kiff, Edward & Kari Jo	2.00	_____
8	1759	No	WEITZ, RICHARD	0.60	_____
8	1760	No	WEITZ, GAIL L	0.25	_____
8	1762	No	SHEPHERD, DAYNA	2.05	_____
8	1763	Yes	SCHMOCK, CONNIE	0.50	_____
8	1764	No	RADER, GRETCHEN	0.75	_____
8	1765	No	PAULEY, LINDA M	5.65	_____
8	1768	No	LOERGER, M. JOLEEN	4.75	_____
8	1769	No	HULL, BRENDA	5.00	_____
8	1770	No	HAUGE, SHEILA	3.50	_____
8	1771	No	GOLBERG, BRUCE & DEBORAH	4.25	_____
8	1772	No	GALT, JILL	2.50	_____
8	1773	No	DUPEA, MICHAEL R	2.33	_____
8	1774	No	DEAL, DEBBI	3.80	_____
8	2115	No	LOUDON, VIRGINIA	3.25	_____
8	2252	No	Jones, Stephanie	3.68	_____
8	2335	No	Polizzi, Paula	3.90	_____
8	2336	Yes	Peabody, Cindy	0.50	_____
8	2387	No	Loudon, Virginia	4.25	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>30 Meagher</b>			District: <b>0570 White Sulphur Spgs H S</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
8	1761	No	THORNES, KENT	6.00	_____
8	1763	Yes	SCHMOCK, CONNIE	0.50	_____
8	1766	No	NICHOLAS, K.G.H.	5.00	_____
8	2336	Yes	Peabody, Cindy	0.50	_____